

Tim Scott
Member of Congress
First District, South
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**THIS FORM MAY BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR DESIGNATED
STAFF MEMBER FOR THE CANDIDATE SEEKING NOMINATION TO ONE OF
THE UNITED STATES SERVICE ACADEMIES.**

NAME OF APPLICANT: _____

NAME OF SCHOOL: _____

LEADERSHIP CHARACTERISTICS: _____

PERSONALITY TRAITS: _____

ABILITY TO WORK UNDER PRESSURE: _____

ABILITY TO GET ALONG WITH OTHERS: _____

GENERAL COMMENTS AND/OR RECOMMENDATION (Please complete this section as your
comments are most helpful. If you need additional space, please attach another sheet or use
reverse side.)

Submitted by: _____ Title: _____

Signature: _____

E-mail: _____ Telephone: _____

Address: _____

PLEASE RETURN THIS FORM, ALONG WITH OFFICIAL TEST SCORES, TO MY CHARLESTON DISTRICT OFFICE.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL 843-852-2222.